If continuation sheet 1 of 4

vviscon	sin Department of He	ealth Services			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		0010354	B. WING _		C 02/07/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS CITY	, STATE, ZIP CODE	1 02/01/2015
PRO HE	ALTH CARE REGENC	Y SENIOR COM 1 13750 W		NAL AVENUE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	STEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES OF T	ULD BE COMPLETE
U 000	INITIAL COMMENT	rs	U 000		
	survey and one con	rveyor conducted a standard nplaint investigation at gency Senior Community New			
	Two deficiencies we	ere identified.	į		, 
	One complaint was	unsubstantiated.	1		I
	Census: 78		ļ		
U 134	89.23(4)(d)1. SERV	ICES	U 134	Post survey Ad tor A did furti review of Atten	ministra-
	PROVIDER QUALIF	FICATIONS.		ter A did furt	her Augus
	Staff training.			review of Atten	dant 1 201
 	All facility staff shall in safety procedures safety, first aid, universecutions and the emergency plan, and policies and procedutenant rights.	s, including fire ersal facility's d in the facility's		Cand Attendant files. Administ A found evidence Attendant Cand dant Dwere tra	e that
:	did not ensure all fac	iew and interview, the facility bility staff had training in first emergency plan for 2 of 2		dant D were tra  safety, fire, firs  universal preca  and the facility  emergency plan.  the surveyors dif  in locating these  training records  Administrator A	staid sutions bue to
Ť	Findings include:			the suneyors ait	TICHE
	On 02/05/2019, Surv survey.	eyor conducted a standard		training records Administrator A	will
	Surveyor reviewed P	ersonal Attendant C and D's		conduct a thoroug	4

Wisconsin Department of Health Services FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED C 0010354 B. WING\_ 02/07/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PRO HEALTH CARE REGENCY SENIOR COM I 13750 WEST NATIONAL AVENUE NEW BERLIN, WI 53151 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) U 134 Continued From page 1 review of all employee U 134 files and be certain that records for training. all training records are Example 1 organized and readily available for reviews. Personal Attendant C Personal Attendant C was hired on 09/15/2012. His/her record showed no evidence of training for If files are missing first aid or facility emergency plan. training data these employees will be Example 2 Personal Attendant D trained in those areas Personal Attendant D was hired on 06/22/2009. that are required but His/her record showed no evidence of training in not evidenced in files. facility emergency plan. Review of all files and the On 02/05/2019, Surveyor interviewed subsequent required Administrator A who stated all staff should be trainings that are found upon review along with the trained in fire safety, first aid, universal precautions, facility's emergency plan, and tenant rights before providing tenant care. appropriate documentation will be completed no later Summary: The facility did not ensure all facility staff had training in first aid and the facility's emergency than August 1, 2019. plan for 2 of 2 staff records reviewed. U 268 89.34(17) TENANT RIGHTS Personal Attendant Colid U 268 not use proper hand August hygiene in administering 1, medications to tenants at 2019 Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the time of the suney. the individual under the U.S. Constitution, civil rights legislation Facility has acquired or any other applicable statute, rule hand sanitizer gloves, and disposable med cups or regulation. Tenant rights are all of the following: to use during medication

FORM APPROVED Wisconsin Department of Health Services STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING 0010354 02/07/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 13750 WEST NATIONAL AVENUE PRO HEALTH CARE REGENCY SENIOR COM I NEW BERLIN, WI 53151 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) administration. Health U 268 | Continued From page 2 U 268 staff that administer medications will be (17) SAFE ENVIRONMENT. To a safe environment in which to live. retrained in the implementation of appropriate This Rule is not met as evidenced by: Based on observation and interview, the facility hand hygiene while administering medications did not ensure tenants right to a safe environment in which to live when hand hygiene was not practiced during medication pass. with documentation of this training to their files, Findings include: Administrator A and the On 02/05/2019, Surveyor conducted a standard survey. Health Services Director Surveyor observed Personal Attendant C during will review extrent noon med pass in the Attended Dining Room. medication administration He/she did not wash/sanitize his/her hands or wear gloves while administrating medications to 4 policies to be certain successive tenants. that universal precautions Personal Attendant C unlocked medication cart. are present in the policy with specific directions obtained 1 tablet of Tylenol, and re-locked medication cart. Using his/her fingers, he/she placed the Tylenol tablet on the table in front of for adherence to Universal Tenant 3. Personal Attendant looked through the Medication Administration Record (MAR) binder. Personal Attendant C then unlocked medication cart, obtained 1 tablet of Amoxicillan, re-locked medication cart, and administered the Amoxicillan taff process has to Tenant 2 by placing the Amoxicillan on the table in front of Tenant 2 with his/her fingers. along with the documentation Personal Attendant C signed Tenant 2's MAR. to the staff files accordingly He/she then unlocked medication cart, obtained 1.5 tablets of Carbi/Levo, and re-locked the Review of the current medication medication cart. Using his/her fingers, he/she set the 1.5 tablets of Carbi/Levo on the table in front administration policies is of Tenant 4. Personal Attendant C signed Tenant well. All corrective under way as 4's MAR. etrining, documentation, and Personal Attendant C then unlocked medication changes will be unplote

FORM APPROVED Wisconsin Department of Health Services STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING 0010354 02/07/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 13750 WEST NATIONAL AVENUE PRO HEALTH CARE REGENCY SENIOR COM! **NEW BERLIN, WI 53151** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) U 268 Continued From page 3 U 268 cart, obtained 1 tablet of Glipizide, re-locked the medication cart, and administered the Glipizide to Tenant 5 by using his/her fingers to set the 1 tablet of Glipizide tablet on the table in front of Tenant 5. Surveyor discussed hand hygiene during medication administration with Administrator A. He/she stated that Personal Attendant C was nervous due to Surveyors presence during the noon medication pass. Administrator A stated he/she will emphasize importance of hand hygiene with all staff. Summary: The facility did not ensure tenants right to a safe environment in which to live when hand hygiene was not practiced during medication pass.